

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 114

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ros-Lehtinen For Congress

A.

Full Name (Last, First, Middle Initial)

Ms. Kathryn Abbate, MHA

Mailing Address 521 N 13th Avenue

City

Hollywood

State

FL

Zip Code

33019-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Beach Comm. Health
Ctr

Occupation
CEO

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: A-C15396

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Arthur Agatston

Mailing Address 2549 Sunset Drive

City

Miami Beach

State

FL

Zip Code

33140-4240

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Beach Cardiology

Occupation
Doctor

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: A-C15362

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Sari Agatston

Mailing Address 2549 Sunset Drive, Sunset Island I

City

Miami Beach,

State

FL

Zip Code

33140-4240

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Beach Cardiology

Occupation
Management

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: A-C15363

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)